

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/585730

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2		1		1		
3		2				
4	1		1			
5			1			
6		1		1		
7	/		1			
8		8		1		
9		8		1		
10		8		1		
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12		8		1		
13		8		1		
14	1					
15		1		1		
16		1		1		
17			1			
18		4		1		
19		3		1		
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TOTAL IND.			3			
TOTAL DEP.			19			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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